236387 2012:181-T

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

| | Date:+/101/12 |
|---|---|
| CLASS C - CHARTER | |
| Application is hereby made for a Certificate of S.C. Code Ann., § 58-23-10, et seq. (1976 | of Public Convenience and Necessity, in accordance with the provision 5), and amendments thereto. |
| | 1 |
| 1. Name under which business is to be conducted the chery! Nicholan, dba. | ed (corporation, partnership, or sole proprietorship, with or without trade name.) |
| 719 Seashell Lane, Nor | Street Address of Applicant |
| Mailing Adda | ress of Applicant if different from street address |
| Phone | Fax |
| (843) 424-2863 | |
| | Email Address |
| | · · · · · · · · · · · · · · · · · · · |
| | orporation must be attached. (If incorporated outside of Statach St |
| Secretary of State "Foreign Corporation" | ' Certificate.) |
| 3. Select Entity Type: (Check one) | |
| ☐ Individual Owner/Sole Proprietorsh | ip |
| Partnership - List names and addres | ss of all person having an interest in the business. |
| ☐ Corporation - List names and address | sses of two principal officers. |
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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

| | Balance at Time | Balance at Time Application is Filed: | |
|---------|-----------------|---------------------------------------|--|
| | Month | Year | |
| Assets: | | | |
| | | · · · · · · · · · · · · · · · · · · · | |

| Cash | 1,500.00 |
|-------------------------------|----------|
| Receivables | |
| Real Estate | |
| Buildings and Equipment (Net) | |
| Motor Vehicles (Net) | |
| Garage Equipment (Net) | |
| Machinery and Tools (Net) | |
| Supplies on Hand | |
| Prepaids and Other Assets | · |
| Total Assets | 1,500.00 |
| | |
| Liabilities and Equity: | |
| Accounts Payable | |
| Notes Payable | |
| Mortgages Payable | |
| Equipment Obligations | |
| Accrued Salaries and Wages | |
| Other Accrued Obligations | |
| Other Liabilities | |
| Total Liabilities | |
| | |
| Capital Stock | |
| Retained Earnings | |
| Total Equity | |
| Total Liabilities and Equity | 1,500.00 |

PROPOSED RATES AND CHARGES FOR SERVICE

| Maximum Proposed Rates and Charges for Service are as follows: |
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| \$ 100,00 paulities |
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| Counties to be Served: |
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| Maximum Number of Passengers per Vehicle: |
| \ 5 |
| |

DESCRIPTION OF EQUIPMENT

| MAKE | VEAD & MODEL | NIN III | WEIGHT | SEATING |
|---------------------------------------|---------------------------------------|---------------------------------------|-------------|------------------------|
| MAKE Lincoln | YEAR & MODEL 1998 7/C | 15148103007 15148103007 | Ч300 | CAPACITY N 5 |
| | | | | |
| | · · · · · · · · · · · · · · · · · · · | | - 18 47-19 | |
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INSURANCE QUOTE

This form <u>MUST BE COMPLETED AND SIGNED</u> by an <u>AUTHORIZED INSURANCE COMPANY REPRESENTATIVE</u>. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

| The following insurance quote is for: | |
|---|---|
| Cheryl Nicholoon, d | ba'. |
| Overson Canario | as Larrisco |
| | Name of Motor Carrier |
| of coargood PIT | |
| ************ | Address of Motor Carrier |
| Amount of Premium: | Limits Quoted: (See Below) |
| Ear. | |
| Liability Insurance \$ 3,900 | 100 Limits 300,000 CSL |
| The above quoted premium is for a te | erm of months. |
| Minimum Limits - Intrastate Only: | |
| 1-7 Passengers | \$ 25,000/50,000/25,000 |
| 8-15 Passengers | \$ 25,000/100,000/25,000 |
| Starnar Duama | re co. |
| | Name of Insurance Company |
| Clo 5 Stone Space | |
| 158 N. Hangon C. | Home Office Address of Company |
| I am familiar with the Commission's F meets the minimum insurance limits p South Carolina Department of Insuran | Rules and Regulations relating to insurance requirements and the above quote rescribed. The insurance company making this quote is authorized by the ce to do business in South Carolina. |
| H [IA] IA Date | Authorized Insurance Company Representative's Signature |

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit FWA

| Cheryl Nicholoon, dba: | | olbon, dba: |
|------------------------|--|--|
| | Richardon | Carriero Sarvicco |
| | | Name of Applicant |
| | | |
| 1 | . Are there currently any o | utstanding judgments against the Applicant? No |
| | If Yes, indicate nature of | f judgement(s) against applicant. |
| | | |
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| | | |
| 2. | Is Applicant familiar with carrier operations in South statutes and regulations? | all statutes and regulations, including safety regulations and governing for-hire moto h South Carolina, and does Applicant agree to operate in compliance with these |
| | Yes | ○ No |
| 2 | In Applicant | |
| ٥. | merewith? | Commission's insurance requirements and the insurance premium costs associated |
| | ∀Yes | ○ No |

3.

Exhibit on Driver Qualifications

| 1. | 1. Applicant understands that all drivers must be a minimum of 18 years of age. | | |
|----|---|-----------------------------------|---|
| | ⊗ Yes | 0 1 | • |
| | | | |
| 2. | Applicant underst and such record fr be maintained in t | OUT THE DIALA OF | fied copy of the driver's three (3) year driving record issued by the SC DMV the state in which the driver is or has been domiciled for such period must usiness office. |
| | ∀es | 1 0 | Jo |
| | | | |
| 3. | / / / / / / / / / / / / / / / / / / / | ands that a crimid in the Applica | nal history background check from the state where the driver currently lives nt's business office. |
| | ⊙ Yes | \circ ι | o |
| | | | |
| 4. | Applicant understatheir possession w state of residence of | men operating a | ers operating a vehicle under a Class C Charter Certificate must have in charter vehicle, a valid driver's license issued by the SC DMV or the current |
| | Ves | O N | 0 |
| | | | |
| 5. | venicies to attacts | who are register | s C Charter Certificate holders are prohibited from employing or leasing ed, or required to be registered, as sex offenders with the South Carolina any national registry of sex offenders. |
| | Yes Yes | 0 | No |
| | | | |

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

| STATE OF SOUTH CAROLINA) COUNTY OF STATE OF SOUTH CAROLINA) | Chey D. Muhlar Applicant's Signature |
|---|--|
| I, Change Carrier land of Carrier land | Title |
| the Applicant for the Certificate of Public Convenie affirm that all statements contained in the above app | Applicant ence and Necessity as set forth in the foregoing, swear or plication are true and correct. |
| | Signature of Applicant's Representative |
| SWORN TO BEFORE ME This Variation day of April 2013 | |

Commission Expires 9/12/15